

JOHN L. BURRIS, STATE BAR NO. 69888  
BENJAMIN NISENBAUM (SBN 222173)  
ADANTE DE POINTER (SBN 236229)  
Law Offices of John L. Burris  
Airport Corporate Centre  
7677 Oakport Road, Suite 1120  
Oakland, California 94621  
Telephone: 510.839.5200  
Facsimile: 510.839.3882  
Email: bnisenbaum@gmail.com

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA – SAN FRANCISCO DIVISION

KATHLEEN ESPINOSA, et al.,  
Plaintiffs,  
vs.

CITY AND COUNTY OF SAN  
FRANCISCO, et al.,  
Defendants.

) Case No.: C06-04686 JSW  
)  
) **PLAINTIFFS’ MOTION IN LIMINE NO.**  
) **6 TO EXCLUDE EVIDENCE OF**  
) **DECEDENT’S ALLEGED DRUG AND**  
) **ALCOHOL USE AND TESTIMONY OF**  
) **DEFENSE EXPERTS, JOHN**  
) **MENDELSON, M.D., AND NIKOLAS P.**  
) **LEMON, PH.D.**  
)  
)  
) Trial Date: December 2, 2013  
) Trial: 8:00 a.m.  
) Pretrial Conf.: April 1, 2013  
) Time: 2:00 p.m.  
) Courtroom 11, 19<sup>th</sup> Floor  
) The Honorable Jeffrey S. White

## I. INTRODUCTION

Plaintiffs are moving the Court for an Order excluding the testimony of defense experts, John Mendelson, M.D. and Nikolas Lemos, Ph.D., and all evidence concerning the decedent's alleged drug and alcohol use on and prior to the date of the subject incident. This evidence is irrelevant under FRE 401-402. This evidence should also be excluded under FRE 403 because any probative value is substantially outweighed by its prejudicial effect, the likelihood of jury confusion and because its admission will waste of the Court's time and resources. In addition, Dr. Mendelson also admits he relied on uncorroborated hearsay which he describes as "speculation" in his Rule 26 report in forming his opinions.

## II. STATEMENT OF FACTS

On June 6, 2006, San Francisco Police Officers, Paul Morgado, Michelle Alvis and John Keesor entered 2 Garces Drive in the Park Merced apartment complex without a warrant where Asa Sullivan was living a guest. Prior to encountering Mr. Sullivan in the attic of the premises, it is undisputed the officers had no evidence that the decedent used illegal drugs or drank alcohol at any time and saw no drugs or drug paraphernalia on the premises before Mr. Sullivan was shot and killed.

Nevertheless, the defense intends to call John Mendelson, M.D. and Nikolas Lemos, Ph.D., a toxicologist, to testify about their opinions concerning alleged drugs found in Mr. Sullivan's system following his death and the alleged behavioral effects resulting therefrom on the decedent. A copy of Dr. Mendelson's Rule 26 report, which refers to Dr. Lemos' toxicology findings, is attached as Exhibit 1. As discussed more fully below, whether, and to what extent, drugs were found in Mr. Sullivan's system following his death and any alleged impact they would have had on his behavior during his encounter with the defendant officers is irrelevant to

whether the officers violated the Fourth Amendment by their warrantless entry into the subject premises; when they detained Mr. Sullivan at gunpoint before they had any information that he committed any crime; and to whether their use of deadly force was excessive under the circumstances. The drug and alcohol evidence the defense will seek to introduce is just the kind of 20/20 hindsight evidence that the Supreme Court previously held should not be employed in determining whether a police officer used excessive force. *See, e.g., Graham v. Connor*, 490 U.S. 386, 397 (1989).

### III. ARGUMENT

#### **A. Evidence of Decedent's Alleged Prior Drug and Alcohol Abuse and The Testimony of John Mendelson, M.D. and Nikolas Lemos, Ph.D. Should be Excluded at Trial**

F.R.E. 402 provides that evidence which is not relevant is not admissible. "Relevant evidence" is evidence "having any tendency to make the existence of any fact that is of consequence to the determination of the action more probable or less probable than it would be without the evidence. F.R.E. 401. F.R.E. 403 provides that even relevant evidence may be excluded if "its probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues, or misleading the jury, or by considerations of undue delay, waste of time, or needless presentation of cumulative evidence." The Ninth Circuit has held that "unfair prejudice" is the tendency "to suggest decision on an improper basis, commonly...an emotional one." *U.S. v. W.R. Grace*, 504 F.3d 745, 759 (9<sup>th</sup> Cir. 2007)(quoting the Advisory Committee Notes to F.R.E. 403). F.R.E. 404(a) and (b) also preclude the admission of prior bad acts to prove that a party acted in conformity with his alleged bad character on a later occasion.

1 F.R.E. 702 provides that expert testimony is admissible if “scientific, technical, or other  
2 specialized knowledge will assist the trier of fact to understand the evidence or to determine a  
3 fact in issue.” Expert testimony under Rule 702 must be both relevant and reliable. *Daubert v.*  
4 *Merrell Dow Pharms, Inc.*, 509 U.S. 579, 589 (1993). In deciding whether to permit expert  
5 testimony, the Court must act as a “gatekeeper,” by making a determination of whether the  
6 expert’s proposed testimony is reliable. *Elsayed Mukhtar v. Cal. State Univ. Hayward*, 299 F.3d  
7 1053, 1063 (9<sup>th</sup> Cir. 2002), *amended by*, 319 F.3d 103 (9<sup>th</sup> Cir. 2003). Even where expert  
8 testimony is determined by the Court to be admissible, it may be excluded where its probative  
9 value is substantially outweighed by its prejudicial effect under F.R.E. 403.  
10

11 Furthermore, “an expert's opinion may not be based on assumptions of fact without  
12 evidentiary support, or on speculative or conjectural factors.” *Richter v. Hickman*, 578 F.3d 944,  
13 987 (9th Cir. 2009), *reversed on other grounds*, \_\_\_U.S.\_\_\_, 131 S. Ct. 770 (2010), *on remand*,  
14 634 F.3d 1238 (9<sup>th</sup> Cir. 2011); *see also United States v. Rushing*, 388 F.3d 1153, 1156 (8th Cir.  
15 2004) (“Expert testimony should not be admitted when it is speculative, it is not supported by  
16 sufficient facts, or the facts of the case contradict or otherwise render the opinion  
17 unreasonable.”); *Guidroz-Brault v. Mo. Pac. R. Co.*, 254 F.3d 825, 830-31 (9th Cir. 2001)  
18 (excluding expert testimony that “was not sufficiently founded on the facts” of the case).  
19

20 The proponent of the expert's testimony bears the burden of proving admissibility. *Lust v.*  
21 *Merrell Dow Pharms., Inc.*, 89 F.3d 594, 598 (9th Cir. 1996). To meet this burden, the party  
22 presenting the expert must provide “some objective, independent validation of the expert's  
23 methodology” showing that the expert's findings are based on “sound science.” *Daubert v.*  
24 *Merrell Dow Pharmaceuticals, Inc.*, 43 F.3d 1311, 1316 (9th Cir. 1995), *cert. denied*, 516 U.S.  
25  
26

1 869 (1995)(Proponent's failure to meet this burden warrants exclusion of the proffered expert  
2 testimony).

3 In this case, whether, and to what extent, Mr. Sullivan was under the influence and/or had  
4 ingested any drugs at any time, on or before the date of the incident, is irrelevant to whether the  
5 officers violated the Fourth Amendment when they entered the premises without a warrant; when  
6 they detained decedent at gunpoint; and when shot and killed Mr. Sullivan when he was unarmed  
7 with any weapon. Therefore, evidence of Mr. Sullivan's alleged substance abuse and the  
8 testimony of Dr. Mendelson and Dr. Lemos, should be excluded at trial under FRE 401-402.  
9

10 Moreover, even if this evidence was somehow relevant to any issues in the case, its  
11 probative value is substantially outweighed by its prejudicial effect, the likelihood that it will  
12 confuse the jury and due to the fact that it will result in a waste of judicial time and resources. .  
13 The inflammatory nature of this evidence is likely to cause the jury to ignore the relevant  
14 evidence relating to the matters of substance in this case and determine the outcome based on its  
15 prejudices and emotional response to someone who had allegedly ingested illegal narcotics  
16 and/or alcohol. Moreover, given that this evidence is irrelevant to the issues relating to liability,  
17 no limiting instructions or admonishments to the jury will avoid the substantial prejudicial to the  
18 Plaintiffs that will result by the admission of this evidence at trial. Therefore this evidence should  
19 be excluded at trial under FRE 403.  
20

21 In addition, whether Mr. Sullivan abused drugs or alcohol on other occasions constitutes  
22 inadmissible character evidence, particularly because it will be offered to prove that Mr. Sullivan  
23 acted in accord with an alleged character for abusing such substances during the subject incident.  
24 (See, Dr. Mendelson's report, p. 3). As such, this evidence should be excluded under FRE 404.  
25  
26

1 In addition, Dr. Mendelson admits in his report that his opinions concerning the timing of  
2 Mr. Sullivan's drug use prior to the incident rest, in part, on what he describes as *speculation* on  
3 the part of Jason Martin regarding the decedent's alleged methamphetamine use prior to the  
4 subject incident. (Ex. 1, p. 3). As noted above, expert opinions based on pure speculation and  
5 conjecture do not meet the requirements of expert testimony under FRE 702-703 and *Daubert*  
6 and, thus, should be excluded at trial as unreliable.

7 Finally, Dr. Mendelson notes in his report that Mr. Sullivan's toxicology results  
8 following his death also indicated there was a small amount of cocaine and alcohol in his  
9 system.(Ex. 1, pp. 1-2). However, Dr. Mendelson concluded that neither the alcohol nor cocaine  
10 allegedly found in Mr. Sullivan's system contributed to any alleged behavior he engaged in at the  
11 time of the incident. *Id.* Therefore, this evidence is clearly inadmissible under FRE 401-402,  
12 403 and 404.

#### 14 IV. CONCLUSION

15 Based on the foregoing, Plaintiffs respectfully move the Court for an Order excluding all  
16 evidence of Mr. Sullivan's alleged ingestion of drugs and alcohol, on or before the date of the  
17 subject incident, as well as the testimony of defense experts, Drs. Mendelson and Lemos.

18 Dated: March 4, 2013

19 \_\_\_\_\_/S/\_\_\_\_\_  
20 Benjamin Nisenbaum  
21 Attorney for Plaintiffs



**JOHN MENDELSON MD**  
INTERNAL MEDICINE

909 HYDE ST, #210  
SAN FRANCISCO, CA 94109  
415-474-7900  
415-474-7930 FAX  
JOHN.MENDELSON@CPMCRI.ORG

Peter Keith  
Deputy City Attorney  
City and County of San Francisco  
1390 Market St, 7<sup>th</sup> floor  
San Francisco, CA 94102-5408  
415-554-3908  
415-554-3985 Fax

April 28, 2008

***Espinosa vs. CCSF, Heather Fong, John Kessor, Michelle Alvis and Paulo Morgado***

US District Court, Northern District, Case No. C06-4686 JSW  
Officer Involved shooting of Asa Sullivan

Dear Mr. Keith,

I have reviewed the material you sent (listed in attachment 1) and I will be able to testify to the following. In forming my opinions I have relied on the toxicology reports from the San Francisco Medical Examiners office and the records you provided.

Asa Sullivan was a 25 year-old man who was fatally shot by San Francisco Police Officers on June 6, 2006. The toxicology report of Dr Lemos documented methamphetamine the post mortem blood and urine. Because I am an internationally recognized expert on the effects of methamphetamine I am asked to comment on the toxicological and behavioral evidence in this case.

Post mortem blood and urine samples contained amphetamine, methamphetamine, alcohol, cocaine and benzoylecgonine (a metabolite of cocaine). The blood methamphetamine level was 0.2 mg/L (200 ng/ml). The blood amphetamine level was less than 0.1 mg/L (100 ng/ml). Methamphetamine and amphetamine were detected in urine but levels were not quantified. Cocaine and benzoylecgonine were detected in urine but no cocaine was detected in the blood and less than 0.1 mg/L (100 ng/ml) of benzoylecgonine was detected in blood. The blood alcohol concentration was 0.01%, well below levels associated with intoxication. The lack of cocaine in the blood and the low

Espinosa vs. CCSF

levels of the cocaine metabolite benzoylecgonine suggest that cocaine did not contribute to the behaviors encountered by SFPD Officers on June 6, 2006.

The level of methamphetamine found in Mr. Sullivan's blood is substantial and likely directly contributed to the behaviors encountered by SFPD Officers. I have conducted human laboratory studies in methamphetamine abusers where blood levels are measured after administration of intravenous or smoked methamphetamine. When methamphetamine is administered under controlled laboratory conditions, peak blood levels of approximately 130 ng/ml are seen, substantially lower than the 200 ng/ml seen in this case. When methamphetamine is smoked peak blood levels and effects occur within minutes. A pipe containing methamphetamine residues was found next to Mr. Sullivan. Although it is possible he smoked methamphetamine in the attic it is doubtful that further methamphetamine use occurred after SFPD Officers could directly observe his behavior. Because at least 10 minutes elapsed from the time SFPD officers' contacted Mr. Sullivan to the time of death it is reasonable to conclude that methamphetamine levels were higher when SFPD officers first encountered Mr. Sullivan.

Amphetamine and methamphetamine are commonly abused synthetic stimulant drugs that are also available in prescription medications. Methamphetamine is metabolized to amphetamine so following ingestion of methamphetamine amphetamine is found as well. However, conversion of amphetamine to methamphetamine occurs relatively slowly and several hours are needed before measurable amphetamine levels appear. The low amphetamine levels in this case suggest Mr. Sullivan abused methamphetamine shortly before death, probably no more than four hours prior to death.

The acute adverse behavioral effects of methamphetamine include cognitive impairment, disorientation, anxiety, and depression. Death can occur from direct toxic effects of the drug (seizures, stroke, arrhythmia, hyperthermia) or from behavioral complications. Many studies have shown that methamphetamine abusers have impaired decision-making abilities and are unable to balance short-term risks with long-term gains. Methamphetamine impairs cognitive function and abusers have measurably impaired abilities to process information. Acute intoxication interferes with judgment and the ability to assess risk. Although cognitive functions can be severely impaired by intoxication, motor function is not significantly impaired. People intoxicated on methamphetamine can become combative and pose a real risk to others.

Like most abused drugs, methamphetamine alters mood. Abusers often seek mood elevation but intoxication is as likely to depress mood as elevate it. Methamphetamine intoxication has been associated with suicide and other severe complications of a depressed mood. Methamphetamine can produce an acute psychosis resembling schizophrenia, with thought disorder, paranoia, and depersonalization. Methamphetamine-associated psychosis often occurs when drug levels are highest, and resolves over several hours, as blood levels fall.



Espinosa vs. CCSF

Several observes note that Mr. Sullivan did not respond appropriately to SFPD Officer requests or commands. His behavior is fully consistent with methamphetamine intoxication with associated depression or psychosis. Methamphetamine-associated depression and psychosis are known to produce severe acute behavioral toxicity similar to the behavior Mr. Sullivan exhibited in this case.

Mr. Sullivan had a long history of drug and alcohol abuse. His friend, Mr. Martin, states in his deposition that Mr. Sullivan had been a daily methamphetamine abuser but that he was abusing less in the two months prior to death. In contrast, Mr. Russell states that Mr. Sullivan probably abused methamphetamine daily while living in the apartment at 2 Garces St. Chronic methamphetamine abuse has been shown to produce significant cognitive impairments that can persist for months to years even after abuse has stopped.

Mr. Martin speculated that Mr. Sullivan last abused methamphetamine 36-48 hours before death. If Mr. Martin is correct and the last episode of abuse occurred 36 hours before death, back-extrapolation from the post mortem blood suggests that methamphetamine levels were 1,600 ng/ml or greater at that time. Levels above 1,000 ng/ml usually produce severe acute toxicity and can be fatal. Abuse at this level would also have produced substantial amphetamine concentrations that should have been detectable in the post mortem blood. Thus, the toxicological data is most consistent with abuse of methamphetamine within four hours of death.

Medical records document that Mr. Sullivan had a long history of psychiatric disease and drug and alcohol abuse. Records from San Francisco and San Mateo Counties document a long and severe history of childhood trauma, placement in foster care, treatment for oppositional personality disorder, alcohol abuse and at least five hospital involuntary admissions for psychiatric treatment. Records from San Francisco General Hospital indicate an alcohol-associated motor vehicle accident with a blood ethanol of 0.155% at the time of admission to SFGH.

I charge \$400.00 per hour for medial legal work. A copy of my CV is attached. I have testified in court three times in the last four years. Cases where I have testified are:

1. Boyd vs. City and County of San Francisco (Federal Court, September 5, 2007; MDA associated fatality)
2. Weir vs. Burton (San Mateo County Family Court, December 5, 2007; treating physician of one of the parties in a divorce proceeding)
3. Adams vs. West Coast Protection (Alameda County Superior Court, May 10, 2006; methamphetamine associated fatality)

I do not keep detailed records of all depositions but the list below should include the depositions I have given in the last four years:

Espinosa vs. CCSF

1. Callahan vs. Caruso's LLC (2008, civil action involving a partnership agreement and marijuana abuse)
2. Boyd vs. City and County of San Francisco (2007, MDA-associated fatality)
3. Adams vs. West Coast Protection (2006, methamphetamine associated fatality)
4. Irvin vs. Health South (2005, medical malpractice, settled)
5. Butler vs. Mendle (2005, medical malpractice, settled)
6. Youman vs. City and County of San Francisco (2006, settled)
7. MacGregor vs. City and County of San Francisco (2005, dismissed)

Sincerely,

A handwritten signature in black ink, starting with a vertical line and a large loop, followed by a horizontal stroke.

John Mendelson MD  
Senior Scientist, Addiction Pharmacology Research Laboratory  
California Pacific Medical Center Research Institute

Espinosa vs. CCSF

### Attachment

Deposition transcripts of:

1. San Francisco Police Officers
  - a. John Keesor
  - b. Michelle Alvis
  - c. Paulo Morgado
2. Kathleen Espinosa
3. Sangh Sullivan
4. Jason Ramone Martin
5. David Russell

Records provided:

1. Autopsy Report from the City and County of San Francisco, Case 2006-0573
2. Toxicology Report of July 19, 2006 by Nikolas Lemos (included in the Medical Examiner's report of Case 2006-0573)
3. Records from San Francisco General Hospital Medical
4. Records from the San Francisco Department of Mental Health
5. Records from the San Mateo County Office of Mental Health
6. Photographs from the San Francisco Medical Examiner
7. Documents produced at the deposition of Kathleen Espinosa
8. Documents produced by plaintiffs - received 3/8/08
9. Plaintiffs' further supplemental disclosures
10. Miscellaneous records Bates numbers CCSF/ESPI 00003-00940
11. Miscellaneous records Bates numbers CCSF/ESPI 01460-01510
12. San Francisco Sheriff's Department Mug shot Profile
13. Miscellaneous Criminal Court Records



## CURRICULUM VITAE

### JOHN EDWARD MENDELSON, M.D.

August 2007

**Offices:** Addiction Pharmacology Research Laboratory (APRL)  
California Pacific Medical Center, Research Institute  
St. Luke's Hospital, 7<sup>th</sup> Floor  
3555 Cesar Chavez St.  
San Francisco, CA 94110  
Tel: (415) 641-3370; (415) 641-2105 (direct)  
Fax: (415) 641-3380; (415) 641-2115 (direct)  
  
909 Hyde St #210  
San Francisco, CA 94109  
Tel: (415) 474-7900; Fax: (415) 474-7930

## EDUCATION

Antioch College, Yellow Springs, OH B.A., Biology	1977
University of California, San Francisco M.D., Medicine	1982
Department of Medicine, Highland General Hospital Internship, Medicine	1982 - 83
Department of Medicine, Highland General Hospital Residency, Medicine, ABIM certified, Sept. 1986	1983 - 85

## EMPLOYMENT

### CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE

Senior Scientist, Research Institute Founder and Director Addiction Pharmacology Research Laboratory	October 2004 - present
--	------------------------

### UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

MSP Physician Drug Dependence Research Center, Department of Psychiatry University of California, San Francisco	October 2004 – June 2007
---	--------------------------

Clinical Professor of Medicine	July 2005 - present
Assistant Clinical Professor	1993 - 2005
Department of Medicine	
University of California, San Francisco	
Research Physician	2003 - October 2004
Drug Dependence Research Center	
Department of Psychiatry	
University of California, San Francisco	
Associate Research Physician	1997 - 2003
University of California, San Francisco	
Assistant Research Physician	1993 - 1997
University of California, San Francisco	
Medical Director	1991 - 2007
Drug Dependence Research Center	
Department of Psychiatry	
University of California, San Francisco	
Assistant Physician	1989 - 1993
Drug Dependence Research Center	
Department of Psychiatry	
University of California, San Francisco	
Clinical Instructor	1985 - 1993
Department of Psychiatry	
University of California, San Francisco	
<u>PRIVATE PRACTICE</u>	
Private Practice, Internal Medicine	1987 - present
909 Hyde St, Suite 210, San Francisco	
Practice limited to Internal Medicine and Addiction Medicine	
<u>MEDICAL STAFF APPOINTMENTS</u>	
St. Francis Memorial Hospital, Active Staff	1986 - present
California Pacific Medical Center, Active Staff	1986 - present
St. Mary's Hospital, Courtesy Staff	1988 - present
University of California Medical Center, San Francisco,	1989 - present
Courtesy Staff	
San Francisco General Hospital, Courtesy Staff	2002 - present
St. Luke's Hospital	2006 - present

**HONORS AND AWARDS**

National Science Foundation	1974 - 75
Student Originated Studies Program, Grant GY-11484	
A Study of the Effects of Methadone Addiction on the Sexual	
Development of the Laboratory Rat. J. E. Mendelson, Project Director	



**MEMBERSHIPS**

College on Problems of Drug Dependence	2002 - present
American Society of Addiction Medicine	1999 - present
San Francisco Medical Society, Associate	1985 - present
American College of Physicians	1988 - present
American Society of Clinical Pharmacology and Experimental Therapeutics	1993 - present

**LICENSURE**

Physician and Surgeon License	1984
Medical Board of California — G49959	
Certified, American Board of Internal Medicine	September 1986

**UNIVERSITY AND PUBLIC SERVICE**

Board Member, North and South of Market Adult Day Health	1995 - present
Staff Physician, United States Public Health Service	1985 - 1988
National Health Service Corps	
North of Market Senior Service	

**TEACHING**

Foundations of Patient Care, 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> Year Preceptor	1991 - present
---	----------------

**PROFESSIONAL ACTIVITY AND COMMUNITY SERVICE**

Research Advisory Panel of California	2000 - present
National Science Foundation	1975
Student Originated Studies Program Proposal Evaluation Committee (Peer Review Committee)	
President, Highland Association of Interns and Residents	1983 - 85
Highland General Hospital Member, Executive Committee of the Medical Staff	1983 - 85
St. Francis Memorial Hospital, San Francisco	1990 - 94
Emergency Room Committee	
Transfusion Committee	
ICU Committee	
Well Being of the Physician Committee	1990 - 96
Board Member, St. Francis Physician's IPA	1990 - 94
St. Francis Community Advisory Committee	2000 - present
St. Francis Institutional Review Board	2002 - 2005

**EDITORIAL ACTIVITIES****Ad Hoc Reviewer:**

Journal of Pharmacology and Experimental Therapeutics  
Clinical Pharmacology and Therapeutics  
Drug and Alcohol Dependence  
Psychopharmacology  
Circulation

Editorial Board: American Journal of the Addictions	2002 – present
---	----------------

**SCIENTIFIC AND PROFESSIONAL MEETINGS ATTENDED**

8th Annual Conference on Brain Research, Steamboat Springs, CO	1975
60th Annual Meeting of FASEB, Anaheim, CA	1976
Winter Conference on Brain Research, Vail, CO	1990
American College of Neuropsychopharmacology, San Juan, PR	1991
American College of Neuropsychopharmacology, San Juan, PR	1992
College on Problems of Drug Abuse, Toronto, Canada	1993
College on Problems of Drug Abuse, West Palm Beach, FL	1994
American Society for Clinical Pharmacology and Therapeutics, New Orleans, LA	1994
American Society for Clinical Pharmacology and Therapeutics, San Diego, CA	1994
College on Problems of Drug Dependence, Scottsdale, AZ	1995
American Society for Clinical Pharmacology and Therapeutics, Lake Buena Vista, FL	1995
College on Problems of Drug Dependence, San Juan, PR	1996
American Society for Clinical Pharmacology and Therapeutics, San Diego, CA	1997
College on Problems of Drug Dependence, Nashville, TN	1997
American Society for Clinical Pharmacology and Therapeutics, New Orleans, LA	1998
College on Problems of Drug Dependence, Scottsdale, AZ	1998
American Society for Clinical Pharmacology and Therapeutics, San Antonio, TX	1999
College on Problems of Drug Dependence, Acapulco, Mexico	1999
American Society for Clinical Pharmacology and Therapeutics, Los Angeles, CA	2000
College on Problems of Drug Dependence, San Juan, PR	2000
American Society for Clinical Pharmacology and Therapeutics, Orlando, FL	2001
College on Problems of Drug Dependence, Scottsdale, AZ	2001
American Society for Clinical Pharmacology and Therapeutics, Atlanta, GA	2002
College on Problems of Drug Dependence, Quebec, Canada	2002
American Society for Clinical Pharmacology and Therapeutics, Washington, DC	2003
College on Problems of Drug Dependence, Miami Beach, FL	2003
Winter Conference on Brain Research, Snowbird, UT	2003
American Society for Clinical Pharmacology and Therapeutics, Miami, FL	2004
College on Problems of Drug Dependence, San Juan, PR	2004
Winter Conference on Brain Research, Cooper Mountain, CO	2004
American Society for Clinical Pharmacology and Therapeutics, Orlando, FL	2005
College on Problems of Drug Dependence, Orlando, FL	2005
Winter Conference on Brain Research, Breckenridge, CO	2005
American Society for Clinical Pharmacology and Therapeutics, Baltimore, MD	2006
College on Problems of Drug Dependence, Scottsdale, AZ	2006
Winter Conference on Brain Research, Steamboat Springs, CO	2006



## RESEARCH AND CREATIVE ACTIVITY

## Refereed Articles

- 2006 J. Mendelson, N. Uemura, D. Harris, R.P. Nath, E. Fernandez, P. Jacob III, E.T. Everhart, R.T. Jones. Human Pharmacology of the Methamphetamine Stereoisomers. *Clin Pharmacol Ther*, 80(4):403-20.
- 2006 D.S. Harris, V.I. Reus, O.M. Wolkowitz, P. Jacob, III, E.T. Everhart, M. Wilson, J.E. Mendelson and R.T. Jones. Catecholamine response to methamphetamine is related to glucocorticoid levels but not to pleasurable subjective response. *Pharmacopsychiatry*, 39(3):100-8.
- 2005 D.S. Harris, V.I. Reus, O.M. Wolkowitz, J.E. Mendelson and R.T. Jones. Repeated psychological stress testing in stimulant-dependent patients. *Prog Neuropsychopharmacol Biol Psychiatry*, 29(5):669-677.
- 2004 N. Uemura, R.P. Nath, M.R. Harkey, G.L. Henderson, J. Mendelson and R.T. Jones. Cocaine levels in sweat collection patches vary by location of patch placement and decline over time. *Journal of Analytical Toxicology*, 28:253-259.
- 2004 D.S. Harris, J.E. Mendelson, E.T. Lin, R.A. Upton and R.T. Jones. Pharmacokinetics and subjective effects of sublingual buprenorphine alone or in combination with naloxone are not dose proportional. *Clinical Pharmacokinetics*, 43:329-340.
- 2003 D.S. Harris, H. Boxenbaum, E.T. Everhart, G. Sequeira, J.E. Mendelson and R.T. Jones. The bioavailability of intranasal and smoked methamphetamine. *Clinical Pharmacology and Therapeutics*, 74:475-486.
- 2003 D.S. Harris, E.T. Everhart, J. Mendelson and R.T. Jones. The pharmacology of cocaethylene in humans following cocaine and ethanol administration. *Drug and Alcohol Dependence*, 72:169-182.
- 2003 D.S. Harris, V.I. Reus, O.M. Wolkowitz, J.E. Mendelson and R.T. Jones. Altering cortisol level does not change the pleasurable effects of methamphetamine in humans. *Neuropsychopharmacology*, 28:1677-1684.
- 2003 J. Mendelson and R.T. Jones. Clinical and pharmacological evaluation of buprenorphine and naloxone combinations: Why the 4:1 Ratio for Treatment? *Drug and Alcohol Dependence*, 70:S29-S37.
- 2002 L. Lester, N. Uemura, J. Ademola, M.R. Harkey, R.P. Nath, S.J. Kim, E. Jerschow, G.L. Henderson, J. Mendelson and R.T. Jones. Disposition of cocaine in skin, interstitial fluid, sebum, and stratum corneum. *Journal of Analytical Toxicology*, 26:547-553.
- 2002 P. Jacob, III, M. Wilson, L. Yu, J. Mendelson and R.T. Jones. Determination of 4-hydroxy-3-methoxyphenylethylene glycol 4-sulfate in human urine using liquid chromatography-tandem mass spectrometry. *Analytical Chemistry*, 74:5290-5296.
- 2002 D.S. Harris, M. Baggott, J.H. Mendelson, J.E. Mendelson and R.T. Jones. Subjective and hormonal effects of 3,4-methylenedioxymethamphetamine (MDMA) in humans. *Psychopharmacology*, 162:396-405.
- 2000 S.J. Lester, M. Baggott, S. Welm, N.B. Schiller, R.T. Jones, E. Foster and J. Mendelson. Cardiovascular effects of 3,4-methylenedioxymethamphetamine. A double-blind, placebo-controlled trial. *Annals of Internal Medicine*, 133:969-973.
- 2000 D.S. Harris, R.T. Jones, S. Welm, R.A. Upton, E. Lin and J. Mendelson. Buprenorphine and naloxone co-administration in opiate-dependent patients stabilized on sublingual buprenorphine. *Drug and Alcohol Dependence*, 61:85-94.
- 2000 M. Baggott, B. Heifets, R.T. Jones, J. Mendelson, E. Sferios and J. Zehnder. Chemical analysis of ecstasy pills (Ltr). *Journal of the American Medical Association*, 17:2190.
- 2000 J. Mendelson. Keeping the elderly independent in San Francisco. *San Francisco Magazine*, 73:11-13.



- 2000 D.S. Harris, R.T. Jones, R. Shank, R. Nath, E. Fernandez, K. Goldstein and J. Mendelson. Self-reported marijuana effects and characteristics of 100 San Francisco medical marijuana club members. *Journal of Addictive Diseases*, 19:89-103.
- 1999 M. Baggott, J. Mendelson and R. Jones. More about Parkinsonism after taking ecstasy (Ltr). *New England Journal of Medicine*, 341:1400-1401.
- 1999 K. Panganiban, P. Jacob, III, E.T. Everhart, E.C. Tisdale, S.L. Batki, J.E. Mendelson and R.T. Jones. Sulfonium salts as derivatizing agents. 3. Quantitation of the cocaine metabolite benzoylecgonine in urine using gas chromatography with ion-pair extraction/on column alkylation: An outcome measure in cocaine dependence treatment programs. *Journal of Analytical Toxicology*, 23:581-585.
- 1999 R.P. Nath, R.A. Upton, E.T. Everhart, P. Cheung, P. Shwonek, R.T. Jones and J.E. Mendelson. Buprenorphine pharmacokinetics: Relative bioavailability of sublingual tablet and liquid formulations. *Journal of Clinical Pharmacology*, 39:619-623.
- 1999 J. Mendelson, R.T. Jones, S. Welm, M. Baggott, I. Fernandez, A.K. Melby and R.P. Nath. Buprenorphine and naloxone combinations: The effects of three dose ratios in morphine-stabilized, opiate-dependent volunteers. *Psychopharmacology*, 141:37-46.
- 1997 J. Mendelson, R.T. Jones, S. Welm, S. Batki and R. Upton. Buprenorphine and naloxone interactions in methadone maintenance patients. *Biological Psychiatry*, 41:1095-1101.
- 1997 E.T. Everhart, P. Cheung, P. Shwonek, K. Zabel, E.C. Tisdale, P. Jacob, III, J. Mendelson and R.T. Jones. Subnanogram level measurement of buprenorphine in human plasma by electron-capture, capillary gas chromatography: Application to pharmacokinetics of sublingual buprenorphine. *Clinical Chemistry*, 43:2292-2302.
- 1997 J. Mendelson, R.A. Upton, E.T. Everhart, P. Jacob, III and R.T. Jones. Bioavailability of sublingual buprenorphine. *Journal of Clinical Pharmacology*, 37:31-37.
- 1996 J. Mendelson, R.T. Jones, I. Fernandez, S. Welm, A.K. Melby and M.J. Baggott. Buprenorphine and naloxone interactions in opiate-dependent volunteers. *Clinical Pharmacology and Therapeutics*, 60:105-114.
- 1996 M.J. Eisenberg, D.L. Yakel, J. Mendelson, R.F. Redberg, R.T. Jones and E. Foster. Immediate effects of intravenous cocaine on the thoracic aorta and coronary arteries: A trans-esophageal echocardiographic study. *Chest*, 110:147-154.
- 1995 J. Mendelson, R.T. Jones, R. Upton and P. Jacob, III. Methamphetamine and ethanol interactions in humans. *Clinical Pharmacology and Therapeutics*, 57:559-568.
- 1995 M.J. Eisenberg, J. Jue, J. Mendelson, R.T. Jones and N.B. Schiller. Left ventricular morphology and function in nonhospitalized cocaine users: A quantitative two-dimensional echocardiographic study. *American Heart Journal*, 129:941-946.
- 1995 P. Jacob, III, E.C. Tisdale, K. Panganiban, D. Cannon, K. Zabel, J.E. Mendelson and R.T. Jones. Gas chromatographic determination of methamphetamine and its metabolite amphetamine in human plasma and urine following conversion to N-propyl derivatives. *Journal of Chromatography*, 664:449-457.
- 1993 M.J. Eisenberg, J. Mendelson, G.T. Evans, Jr., J. Jue, R.T. Jones and N.B. Schiller. Left ventricular function immediately after intravenous cocaine. *Journal of the American College of Cardiology*, 22:1581-1586.
- 1987 M.C. Rowbotham, W.D. Hooker, J.E. Mendelson and R.T. Jones. Cocaine-calcium channel antagonist interactions. *Psychopharmacology*, 93:152-154.
- 1985 R.I. Herning, R.T. Jones, W.D. Hooker, J.E. Mendelson and L. Blackwell. Cocaine increases EEG beta: A replication and extension of Hans Berger's historic experiments. *Electroencephalography and Clinical Neurophysiology*, 60:470-477.

- 1975 J.H. Mendelson, J.E. Mendelson and V.D. Patch. Plasma testosterone levels in heroin addiction and during methadone maintenance. Journal of Pharmacology and Experimental Therapeutics, 192:211-217.



**In Press and Under Review**

2007 John Mendelson, MD, Dana McGlothlin MD, Debra S. Harris, MD, Elyse Foster MD  
Tom Everhart PhD, Peyton Jacob, III PhD, and Reese T Jones, MD. The Clinical  
Pharmacology of Intranasal l-Methamphetamine, will be submitted to the British  
Medical Journal.

**Book Chapter**

MDMA (Ecstasy): Clinical Perspectives, Principles of Addiction Medicine 2003.